



Updated Guidance for Childcare Providers

RELEASE DATE: December 1, 2020

Note: Guidance revisions are in accordance with Executive Order 16 FY 20/21 issued by Governor Janet Mills on November 4, 2020 and align with efforts to mitigate the risk of currently surging transmission of COVID-19 across the state.

Updates can be found on the [OCFS COVID Response Page](#)

The Department of Health and Human Services recognizes the vitally important role of childcare providers for Maine's children, their parents, and employers. The Department has **updated** this guidance document to provide clear guidelines in order to ensure the health and safety of staff and children. This guidance is applicable both to providers that have continued to operate and those that closed temporarily and are re-opening. Providers should follow these guidelines, as well as continuing to monitor US and Maine CDC guidance. The recommendations regarding COVID-19, including the prevention of transmission, continue to evolve as experts learn more about the virus. As a result, this document and the guidance contained within it are subject to change. Please note the areas of guidance in this document that have changed are identified by the section header **highlighted in yellow**, as well as the specific guidance updates/changes identified in **red**.

Face Coverings

Staff members, adults, and children age 5 and up **must wear masks or face covering indoors and outdoors**. Children ages 2-4 are encouraged to wear face coverings unless deemed developmentally inappropriate. Cloth face coverings should NOT be put on babies and children under age 2 because of the danger of suffocation.

- Face coverings are not required during rest/naptime. We recommend maintaining 6 feet of distance between cots/mats, if possible, and arranging children in an alternating head - to-feet position.
- Face coverings are not required during meal times. If possible, OCFS suggests staggering meals, eating outside when possible and the use of barriers as a way to maintain physical distance.
- Face coverings are not required during swimming activities as face coverings should not get wet.
- While OCFS encourages the use of cloth face coverings, cloth face coverings with clear insert or clear face shields as deemed developmentally appropriate may be worn.

- Mask breaks can occur for up to five minutes when outdoors while maintaining 6 feet of distance from others. Children should not be participating in active play during the mask break.
- Mask breaks can occur indoors for up to five minutes near an open window or in an isolated area while maintaining 6 feet of distance from others.

Guidance for Child Care Programs that Remain Open

Please review the US CDC guidance for [Childcare Providers](#). You may also find this guidance from US CDC helpful: [Prepare your Small Business and Employees for the Effects of COVID-19](#).

Additional guidance related to COVID-19 more generally is available from the [US CDC](#) and the [Maine Department of Health and Human Services](#).

General Preparedness and Planning

As you think about how your facility will deal with the impact of coronavirus disease 2019 (COVID-19), it is important to work with your local health officials, school districts, child care licensing boards/bodies, child care accreditation bodies, health consultants, and other community partners to determine the most appropriate plan and action. This document is meant to help administrators create emergency operations plans and tailor them to your community's level of transmission.

**** No matter the level of transmission in a community, every child care program should have a plan in place to protect staff, children, and their families from the spread of COVID-19.***

- Establish and maintain communication with local and State authorities to determine current mitigation levels in your community.
- Protect and support staff, children, and their family members who are at higher risk for severe illness.
- Ensure volunteers and interns follow guidance provided for child care staff.
- Follow the CDC's supplemental Guidance for Child Care Programs that Remain Open.
- Encourage any other community groups or organizations that use the child care facilities to also follow this guidance.
- Train all staff in hygiene, physical distancing, use of personal protective equipment, and other safety practices. Consider conducting the training virtually, or, if in-person, ensure physical distance is maintained. Ensure training is updated as information is updated, and guidelines are changed.
- If you're looking for general information about COVID-19, call 211, text your zip code to 898-211, or email info@211maine.org.

Prevent the Spread of COVID - 19

Encourage staff to take everyday preventive actions to prevent the spread of respiratory illness.

- Teach and reinforce hand washing and covering coughs and sneezes among children and staff.
- Face coverings are most essential at times when physical distancing is not possible.
- Staff and children should be frequently reminded not to touch the face covering and to wash their hands frequently. Information should be provided to all staff and children on proper use, removal, and washing of cloth face coverings.
- Ensure adequate supplies to support healthy hygiene behaviors, including soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), paper towels, and tissues.
- Post signs on how to stop the spread of COVID-19, wash hands properly, promote everyday protective measures, and use a face covering.
- When possible, in multi-site child care programs limit staff working at more than one site.

Plan for when a staff member, child or visitor becomes sick

- Encourage parents to keep sick children home.
- Require employees to stay home and to notify workplace administrators when sick or someone in their household is sick.
- Review, update, or develop workplace plans to include non-punitive leave policies for people with COVID-19 symptoms.
- Establish procedures for safely transporting anyone sick to their home or to a healthcare facility, as appropriate.
- Notify local health officials (Maine CDC: 1-800-821-5821), staff, your Child Care Licensing Specialist, and families immediately of any possible case of COVID-19 while maintaining confidentiality consistent with the Americans with Disabilities Act (ADA) and other applicable federal and state privacy laws.
- Maine CDC recommends testing for individuals having close contact with a known positive COVID-19 case.
- Per the Maine CDC, if a staff member or an enrolled child is a close contact of an individual with a known positive COVID – 19 case, they will need to quarantine for 14 days, even if they receive a negative test result.
- Know the signs and symptoms of COVID-19. Have a plan of what to do if staff or children become symptomatic at the child care and make sure all staff know and can implement the plan.
- A child or staff with symptoms should consult with their medical provider to determine if they are in need of testing for COVID-19. If the medical provider determines that a child

or staff does not need COVID testing, then they can return to the program when they have been symptom-free for 24 hours, with no fever-reducing medication. If they do need testing, they need to follow the guidance of the medical provider and wait for the results of any testing, as well as be symptom-free for 24 hours with no fever-reducing medication.

- If possible, maintain electronic lists of staff and children by classroom. Lists should include the staff person's role and contact information (phone and email). For children, the list should include the child's name, parent/guardian's name, phone number, email and mailing address. These lists could be easily sent to the Maine CDC should the information be needed.
- If your program is closing due to a confirmed or suspected COVID case, it is recommended that information regarding enrolled children and staff is accessible should you be unable to access your building. In the event information is needed by the CDC or Child Care Licensing regarding children and staff, such as date of birth, or contact information, it could be readily provided.
- If your program closes please provide the name, phone number and email of a contact person that can be reached to your Child Care Licensing Specialist.
- If an employee:
 - Becomes ill while not on the job:
 - Instruct employees to not come to work when experiencing any symptoms of COVID-19 (listed on page 7);
 - Becomes ill on the job:
 - If an emergency, call 911 for guidance/assistance;
 - The employee should leave the facility immediately;
 - If immediate departure from the facility is not possible, or while waiting for emergency personnel, have a plan for a room or space where the employee can be isolated until transferred to home or health care facility and ensure they are wearing a face covering, if available and tolerated; and
 - Clean the room or space thoroughly after use by any employee who is feeling ill.
 - Plans to return to work, instruct employees to:
 - Follow [CDC Guidelines](#) on quarantine and isolation after symptoms subside.
- If a child:
 - Becomes ill while at the facility:
 - If an emergency, call 911 for guidance/assistance;
 - Have a designated room or place in which to isolate them;
 - Immediately isolate the child from other children and any adults not necessary for care.

- Call the child's parent(s) to pick them up immediately (have clear expectations for the time within which a parent must pick up their child and ensure you have updated contact information for all parents);
 - Ensure the child is properly supervised until the parent can pick them up; and
 - Clean the room or space thoroughly after use by any child who is feeling ill.
- Plans to return to child care, instruct parents to:
 - Follow [CDC Guidelines](#) on quarantine and isolation after symptoms subside.
- If COVID-19 is confirmed in a child or staff member:
 - Close off areas used by the person who is sick and do not use them until they have been cleaned.
 - Open outside doors and windows to increase air circulation in the areas, if possible.
 - Wait 24 hours (or as long as possible) before you clean or disinfect to reduce risk to individuals cleaning and to allow respiratory droplets to settle before cleaning and disinfecting.
 - Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, and common areas.
 - If more than 7 days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary, but routine cleaning and disinfection should continue.
 - Advise sick staff members or children not to return until they have met CDC criteria to discontinue home isolation.
 - Inform those who have had exposure to a person diagnosed with COVID-19 to stay home and self-monitor for symptoms, and to follow CDC guidance if symptoms develop. If a person does not have symptoms follow appropriate CDC guidance for home isolation.

Maintain healthy operations

- Monitor absenteeism to identify any trends in employee or child absences due to illness. This might indicate spread of COVID-19 or other illness. If possible, have a roster of trained back-up staff in order to maintain sufficient staffing levels.
- Designate a staff person to be responsible for responding to COVID-19 concerns. Employees should know who this person is and how to contact them.
- Create a communication system for staff and families for self-reporting of symptoms and notification of exposures and closures.
- Support coping and resilience among employees and children.

- Check State and local health department notices daily about spread of COVID-19 in the area and adjust operations accordingly. In the event a person diagnosed with COVID-19 is determined to have been in the building while posing a risk to the community, programs may consider closing for a few days for cleaning and disinfection.
- With the holiday season approaching, keep informed of Maine's latest policies for travel as employees and enrolled children and families may be traveling out of state or expecting visitors from out of state. Travel to and from states exempted under the State's travel advisory do not require quarantine or a test for COVID-19. Travel to or from all other states or another country require an individual to quarantine for 14 days or receive a negative COVID -19 test result. The following website has information regarding travel: <https://www.maine.gov/covid19/restartingmaine/keepmainehealthy/faqs>

Considerations for Children with Asthma or Respiratory Issues

Children with symptoms of COVID-19 should not attend child care. Symptoms of asthma and COVID-19 may overlap, including cough and shortness of breath. Children experiencing acute asthma attacks should not be attending child care without approval by a healthcare provider. The American Lung Association recommends using inhalers with disposable spacers/mouthpieces and nebulizers with disposable tubing with mask/mouthpieces. Inhalers and nebulizers should be used and cleaned according to the manufacturer's instructions.

During this COVID-19 pandemic, asthma treatments using inhalers with spacers (with or without face mask, according to each child's individualized treatment plan) are preferred over nebulizer treatments whenever possible. Based on limited data, use of asthma inhalers (with or without spacers or face masks) is not considered an aerosol-generating procedure.

Child care programs should obtain the appropriate personal protective equipment (PPE) for staff who administer nebulizer treatments to children with asthma. PPE for use when administering nebulizer treatments children with asthma consists of gloves, medical or surgical facemask and eye protection.

It is important for parents of children with asthma to talk with their child's health providers about what medication delivery method is best for the child. While inhalers are advised, parents should consult with their pediatrician or asthma care provider to determine what is recommended for their child.

Caring for Children with Asthma During COVID -19 FAQ's for Parents:

<https://www.healthychildren.org/English/health-issues/conditions/COVID-19/Pages/Caring-for-Children-with-Asthma-During-COVID-19.aspx>

Promote Physical Distancing

Physical distancing is defined as at least six (6) feet of distance between each person. Work with your local health officials to determine a set of strategies appropriate for your community's situation. Consider the following physical distancing strategies:

- Ensure child care classes include the same group each day and the same child care providers remain with the same group each day, if possible. If your child care program remains open, consider creating a separate classroom or group for the children of healthcare workers and other first responders.
- Extracurricular Activities:
 - Limit field trips, gatherings, events, and extracurricular activities to those that allow for physical distancing. Proper hand hygiene should be emphasized. Consider restricting attendance for those from higher transmission areas. Consider whether to alter or halt daily group activities that may promote transmission.
- If possible, keep each group of children in their separate rooms.
- If possible, increase time outside.
- Restrict the mixing of children, such as staggering playground times and keeping groups separate for special activities such as art, music, and exercising.
- If possible, space out seating.
- Restrict nonessential visitors, volunteers, and activities involving other groups.
- If possible, close communal use spaces, such as game rooms or dining halls; if this is not possible, stagger use and disinfect between uses.

Adults in the program should be limited to ones caring for the children and/or overseeing program operations. If possible, arrange for facility administrative staff to telework from their homes.

Drop-Off Procedure

- If you are providing curbside drop-off and pick-up, limit direct contact between parents and staff members and adhere to physical distancing recommendations, as much as possible.
- Hand hygiene stations should be set up at the entrance of the facility, so that children can clean their hands before they enter. If a sink with soap and water is not available, provide hand sanitizer with at least 60% alcohol next to parent sign-in sheets. Keep hand sanitizer out of children's reach and supervise use. If possible, place sign-in stations outside, and provide sanitary wipes for cleaning pens between each use.
- Consider staggering arrival and drop-off times and plan to limit direct contact between parents as much as possible.
 - If possible, have child care providers greet children outside as they arrive.
 - Limit who proceeds past the entry way by having staff walk all children to their classroom after the screening is complete or designate a parent to be the drop-off/pick-up volunteer to walk all children to their classroom, and at the end of the day, walk all children back to their cars.

- Infants can be transported into the program in their car seats. Store car seat out of children's reach.
- If a staff member is not available at the entrance, post instructions on how to contact a staff person for the screening protocols.
- Visitors should not be allowed in the building.

Pick-Up Procedure

- Require staff to be present at the entryway when children are expected to be picked up. If a staff member is not available at the front door, post instructions on how to contact a staff person for pick-up.
- Staff or a designated parent volunteer should walk children from their classroom to their caregiver.
- If children are in a playground area, post instructions on how to contact a staff person and have them picked up at the playground gate.
- Ideally, the same parent or designated person should drop-off and pick-up the child every day. If possible, older people such as grandparents or those with serious underlying medical conditions should not pick-up children, because they are more at risk for severe illness from COVID-19.

Screening Staff and Children

Persons who have a fever of 100.4⁰ (38.0⁰C) or above or other signs of illness should not be admitted to the facility. Encourage parents to be on the alert for signs of illness in their children and to keep them home when they are sick. Screen children upon arrival, if possible.

There are several methods that facilities can use to protect their workers while conducting temperature screenings. The most protective methods incorporate social distancing (maintaining a distance of 6 feet from others) or physical barriers to eliminate or minimize exposures due to close contact to a child who has symptoms during screening.

Minimize the risk of disease introduction or transmission, by requiring every person (including staff) entering the facility to be screened for any signs or symptoms of viral infection for as long as this pandemic is active. These signs and symptoms according to the US CDC include:

Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19:

- Cough;
- Shortness of breath or difficulty breathing;
- Fever (body temperature above 100.4 degrees Fahrenheit) or chills;
- Fatigue

- Muscle or body aches;
- Headache;
- Sore throat;
- New loss of taste or smell;
- Congestion;
- Runny nose (in conjunction with other symptoms);
- Nausea or vomiting; or
- Diarrhea

Most patients experience relatively mild symptoms and can recuperate at home, but others, particularly those with underlying medical conditions, may experience more severe respiratory illness.

- Establish routine, daily health checks on arrival of both staff and children.
- Screen staff upon arrival at the facility prior to working with any children or beginning their normal work day. Staff who present with symptoms when entering the facility or during the day should be sent home immediately.
- Screen children prior to entering the facility. Children who present with symptoms when entering the facility should be sent home immediately.
- The screening of staff and children must also include questions regarding anyone in their household who is exhibiting the symptoms listed above.
- The screening of staff and children must also include questions regarding their exposure to anyone diagnosed with COVID-19 or exhibiting the symptoms of COVID-19.
- Implement health checks (e.g. symptom screening) safely and respectfully, and with measures in place to ensure confidentiality as well as remaining in compliance with any applicable privacy laws or regulations.
- Employers and child care directors may use the screening tools posted on the [OCFS COVID-19 Response](#) page.

Examples of Screening Methods

As colder weather is approaching, consideration may want to be given to adapting your current screening method. For programs currently screening children outside you may want to consider moving your screening area indoors, or screening children while they are in their vehicle. Some programs may also want to consider the Reliance on Social Distancing method (example 1).

Based on guidance from the State Fire Marshal's Office the use of a portable, patio or space heaters will not be allowed in outdoor screening locations due to the risk of fire and burns.

Reliance on Social Distancing (example 1)

- Ask parents/guardians to take their child's temperature either before coming to the facility or upon arrival at the facility. Upon their arrival, stand at least 6 feet away from the parent/guardian and child.
- Ask the parent/guardian to confirm that the child does not have fever, shortness of breath or cough.
- Make a visual inspection of the child for signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.

Use of Barrier/Partition Controls (example 2)

- Stand behind a physical barrier, such as a glass or plastic window or partition that can serve to protect the staff member's face and mucous membranes from respiratory droplets that may be produced if the child being screened sneezes, coughs, or talks.
- Make a visual inspection of the child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.
- Conduct temperature screening (follow steps below)
 - A quick scan type thermometer may be utilized to take body temperatures in a timely manner. If there is a question about the results or the results are inconclusive, a more accurate probe style thermometer should be utilized using an oral or under the arm method.
- Use disposable gloves, if available.
- Check the child's temperature, reaching around the partition or through the window.
- Make sure your face stays behind the barrier at all times during the screening.
- If performing a **temperature check on multiple individuals**, ensure that you use a **clean pair of gloves for each child or wash your hands between children. Also ensure that the thermometer has been thoroughly cleaned** in between each checks.
- If you use disposable or non-contact (temporal) thermometers and you did not have physical contact with the child, you do not need to change gloves before the next check.
- If you use non-contact thermometers, clean them with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each client. You can reuse the same wipe as long as it remains wet.
- Between checks wash your hands with soap and water for 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60% alcohol.

Reliance on Personal Protective Equipment (example 3)

If social distancing or barrier/partition controls cannot be implemented during screening, personal protective equipment (PPE) can be used when within 6 feet of a child. However, **reliance on PPE alone is a less effective control and more difficult to implement, given PPE shortages and training requirements.**

- Upon arrival, wash your hands and put on a facemask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), and a single pair of disposable gloves. A gown could be considered if extensive contact with a child is anticipated.
- Make a visual inspection of the child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness, and confirm that the child is not experiencing coughing or shortness of breath.
- Take the child's temperature.
 - A quick scan type thermometer may be utilized to take body temperatures in a timely manner. If there is a question about the results or the results are inconclusive, a more accurate probe style thermometer should be utilized using an oral or under the arm method.
 - If performing a **temperature check on multiple individuals**, ensure that you use a **clean pair of gloves for each child** and that the **thermometer has been thoroughly cleaned** in between each check.
 - If you use disposable or non-contact (temporal) thermometers and did not have physical contact with an individual, you do not need to change gloves before the next check.
 - If you use non-contact thermometers, clean them with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each client. You can reuse the same wipe as long as it remains wet.
- After each screening, remove and discard PPE, and wash hands.
- Use an alcohol-based hand sanitizer that contains at least 60% alcohol or wash hands with soap and water for at least 20 seconds.
- If hands are visibly soiled, soap and water should be used before using alcohol-based hand sanitizer.
- If your staff does not have experience in using PPE:
 - Check to see if your facility has guidance on how to don and doff PPE. The procedure to don and doff should be tailored to the specific type of PPE that you have available at your facility.

If your facility does not have specific guidance, the CDC has recommended guidance for [donning and doffing PPE](#).

Children who present with symptoms during the day should be isolated immediately, provided a face mask/cloth facial covering (if over the age of two) and sent home with their caregiver as quickly as possible. Expectations should be established with caregivers regarding the speed with which they must respond to the facility if their child develops symptoms.

Intensify cleaning, disinfections and ventilation

- Programs should develop a schedule for cleaning and disinfecting.

- Ensure that employees have access to hand soap, face coverings, gloves, tissues, paper towels, and a designated trash bin to dispose of used items at all times.
- Ensure that parents and employees using cloth face coverings are washing their coverings per CDC guidelines (washing after each use in hot water, etc.)
- Provide access to hand washing areas and require frequent hand washing for staff and children during the day (preferably every 45 minutes).
- Provide hand sanitizer (at least 60% alcohol) in multiple locations around the facility for adults and children who can safely use hand sanitizer.
- [Routinely clean, sanitize, and disinfect](#) surfaces and objects that are frequently touched, especially toys and games.
- This may also include cleaning objects/surfaces not ordinarily cleaned daily such as doorknobs, light switches, classroom sink handles, countertops, nap pads, toilet training potties, desks, chairs, cubbies, and playground structures. Use the cleaners typically used at your facility. Guidance is available for the selection of appropriate [sanitizers or disinfectants](#) for child care settings.
- Use all cleaning products according to the directions on the label. For disinfection, most common EPA-registered, fragrance-free household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available at: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection. Follow the manufacturer's instructions for concentration, application method, and contact time for all cleaning and disinfection products.
- If possible, provide EPA-registered disposable wipes to child care providers and other staff members so that commonly used surfaces such as keyboards, desks, and remote controls can be wiped down before use. If wipes are not available, please refer to CDC's guidance on [disinfection for community settings](#).
- All cleaning materials should be kept secure and out of reach of children.
- Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children from inhaling toxic fumes.
- Clean all cots/sleeping mats after each use.
- Outdoor areas, like playgrounds in schools and parks generally require normal routine cleaning, but do not require disinfection.
- Do not spray disinfectant on outdoor playgrounds- it is not an efficient use of supplies and is not proven to reduce risk of COVID-19.
- High touch surfaces of playground equipment made of plastic or metal, such as grab bars and railings should be cleaned routinely, and after each use (or change of children).
- Cleaning and disinfection of wooden surfaces (play structures, benches, tables) or groundcovers (mulch, sand) is not recommended.

- Clean and disinfect ALL restroom surfaces including floors, sinks and toilet bowls daily. Place trashcans by the door. Remove anything that does not have to be in the restrooms and post handwashing signs in ALL restrooms.
- Disinfectant only works on a clean surface so clean all surfaces and tools with hot soapy water, or cleaning wipes (if using wipes, be sure to cover surface thoroughly) before disinfecting.
 - Contact time refers to how long the disinfectant is visibly wet on the surface allowing it to destroy the pathogens.
 - Typical contact time for immersion/sprays is 10 minutes, for disinfectant wipes is 2-4 minutes.
 - Observe contact time on label to allow disinfectant to work properly.
 - Ensure safe and correct application of disinfectants
 - Disinfection is for hard non-porous surfaces - glass, metal, and plastic.
- Launder all linens, towels, blankets and smocks in hot soapy water and dry completely at the warmest temperature allowed and store in a closed cabinet. Store all used/dirty linens in an airtight container.
- Make sure you have a safe process to receive supplies and other deliveries.
- Providers should have multiple changes of clothes on hand for each child.
- Leave extra clothes, blankets or toys at the facility. These items should be laundered at the facility, if possible.
- Items not able to be laundered onsite should be placed in a plastic bag to be laundered at home in hot water.
- Ventilate workspace with open windows and doors to the extent safely possible. When used in conjunction with other best practices such as social distancing, frequent hand washing, and cleaning and disinfection, outside air can help reduce airborne contaminants. It is acceptable to continue to open windows during winter months as long as children are dressed appropriately, and temperature is maintained at comfortable levels in all rooms used by children. Ensure that ventilation systems operate properly and increase circulation of outdoor air as much as possible, including by opening windows and doors. Do not open windows and doors if doing so poses a safety or health risk to children using the facility (for example, allowing pollens in or exacerbating asthma symptoms, or creating a risk of harm from falling or leaving the program without permission).
- Take steps to ensure that all water systems and features (for example, drinking fountains or decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease and other water-borne illnesses. Discontinue the use of shared drinking fountains.

The use of alternative cleaning methods, for instance, a fogging machine for disinfecting or a UV light can be used as an added layer of disinfection but cannot substitute cleaning and disinfecting requirements as described in this document.

General Cleaning, Disinfecting, and Sanitizing

- Four levels
 - *Daily clean*
 - Typical housecleaning using CDC/EPA-approved disinfectants (see below).
 - *Enhanced clean*
 - Use of CDC/EPA-approved disinfectant cleaners on “high touch” surfaces in common areas/public spaces at regular frequency (elevator buttons; railings; door knobs and handles; light switches; bathrooms including toilets, faucets and sinks; breakrooms and breakroom equipment like refrigerator handles, microwaves, and tables.
 - *Deep clean*
 - In addition to the “Enhanced clean” scope above, “deep cleaning” applies to disinfecting items such as desks, chairs, computer keyboards/mice, interactive touch screens, phones, printers, fax machines, office door handles, communal items like salt and pepper shakers, etc.
 - *Deep clean with disinfection and sanitization with COVID exposure*

Measures in “Deep clean” above with the additional use of disinfectants and/or other sanitization techniques.

- Please also see the CDC information on [Cleaning and Disinfection After Persons Suspected/Confirmed to Have COVID-19 Have Been in the Facility](#).
- For disinfection of hard, non-porous surfaces, appropriate disinfectants include:
 - [EPA’s Registered Antimicrobial Products for Use against Novel Coronavirus SARS-CoV-2](#), the virus that causes COVID-19. Follow the manufacturer’s instructions for concentration, application method, and contact time for all cleaning and disinfection products.
 - [Diluted household bleach solutions](#) prepared according to the manufacturer’s label for disinfection, if appropriate for the surface. Follow manufacturer’s instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser.
 - Alcohol solutions with at least 70% alcohol.
- For electronics, such as tablets, touch screens, keyboards, and remote controls:
 - Consider putting a wipeable cover on electronics.
 - Follow manufacturer’s instruction for cleaning and disinfecting.
 - If no guidance, use alcohol-based wipes or sprays containing at least 70% alcohol. Dry surface thoroughly.

- Pay close attention to high traffic public use areas such as lobbies, entrances, seating areas, and restrooms.
- Make sure that staff are regularly washing hands before and after gloving and wiping down work surfaces.

Clean and Sanitize Toys

- Toys that cannot be cleaned and sanitized should not be used.
- Toys that children have placed in their mouths or that are otherwise contaminated by body secretions or excretions should be set aside until they are cleaned by hand by a person wearing gloves. Clean with water and detergent, rinse, sanitize with an EPA-registered disinfectant, rinse again, and air-dry. You may also clean in a mechanical dishwasher. Be mindful of items more likely to be placed in a child's mouth, like play food, dishes, and utensils.
- Machine washable cloth toys should be used by one individual at a time or should not be used at all. These toys should be [laundered](#) before being used by another child.
- Do not share toys with other groups of infants or toddlers, unless they are washed and sanitized before being moved from one group to the other.
- Set aside toys that need to be cleaned. Place in a dish pan with soapy water or put in a separate container marked for "soiled toys." Keep dish pan and water out of reach from children to prevent risk of drowning. Washing with soapy water is the ideal method for cleaning. Try to have enough toys so that the toys can be rotated through cleanings.
- Children's books, like other paper-based materials such as mail or envelopes, are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures.

Clean and Disinfect Bedding

- Use bedding (sheets, pillows, blankets, sleeping bags) that can be washed. Keep each child's bedding separate, and consider storing in individually labeled bins, cubbies, or bags. Cots and mats should be labeled for each child. Bedding that touches a child's skin should be cleaned weekly or before use by another child.

Healthy Hand Hygiene Behavior

- All children, staff, and volunteers should engage in hand hygiene at the following times:
 - Arrival to the facility and after breaks
 - Before and after preparing food or drinks
 - Before and after eating or handling food, or feeding children
 - Before and after administering medication or medical ointment
 - Before and after diapering

- After using the toilet or helping a child use the bathroom
- After coming in contact with bodily fluid
- After handling animals or cleaning up animal waste
- After playing outdoors or in sand
- After handling garbage
- Wash hands with soap and water for at least 20 seconds. If hands are not visibly dirty, alcohol-based hand sanitizers with at least 60% alcohol can be used if soap and water are not readily available.
- Supervise children when they use hand sanitizer to prevent ingestion.
- Assist children with handwashing, including infants or toddlers who may not be able to wash hands alone.
- After assisting children with handwashing, staff should also wash their hands.
- Place posters describing handwashing steps near sinks. Developmentally appropriate posters in multiple languages are available from [US CDC](https://www.cdc.gov/hand/handwashing/when-how-handwashing.html).

Limit sharing

- Keep each child's belongings separated and in individually labeled storage containers, cubbies, or areas. Request that belongings be and taken home each day and cleaned, if possible.
- Ensure adequate supplies to minimize sharing of high-touch materials to the extent possible (art supplies, equipment, etc. assigned to a single child) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between use.
- Avoid sharing electronic devices, toys, books, other games, and learning aids.
- Prevent risk of transmitting COVID-19 by avoiding immediate contact (such as shaking or holding hands, hugging, or kissing).

Food Preparation and Meal Service

- If a cafeteria or group dining room is typically used, serve meals in classrooms instead. If meals are typically served as a buffet or family-style, plate each child's meal to serve it so that multiple children are not using the same serving utensils. Ensure the safety of children with food allergies. Food preparation should not be done by the same staff who diaper children, if possible.
- Sinks used for food preparation should not be used for any other purposes.
- Children should wash hands prior to and immediately after eating.
- Staff should wash their hands before preparing food and before and after helping children to eat.

For current information regarding Executive Orders and guidance for the State of Maine visit www.maine.gov/covid19/.

Additional Resources:

Testing Resources - <https://get-tested-covid19.org/>

Contact Tracing: <https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/airborne/coronavirus/contact-tracing.shtml>

Quarantine and Isolation information: <https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/airborne/coronavirus/general-information.shtml#sick>

Sources:

Occupational Safety and Health Act of 1970: [Guidance on Preparing Workplaces for COVID-19](#)

[Centers](#) for Disease Control and Prevention: [Cleaning and Disinfecting Your Facility](#)

United States Environmental Protection Agency: [List N: Disinfectants for Use Against SARS-CoV-2](#)